

# Ventura County Child Care Association

## Year 2020 – Membership Form

Annual dues are \$65 per calendar year



### PLEASE PRINT YOUR INFORMATION BELOW

*This form must accompany your check*

*In Accordance with our By-Laws Article 3 – Membership ~ Section 4 – Dues*

B) Licensed providers renewing membership shall remit dues by the January meeting. Dues paid on or before the January meeting may be discounted by 10%. *Renewing memberships not paid by January 31st shall be considered lapsed; no longer receiving benefits of membership. (11/11)*

Name of Provider: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone:(\_\_\_\_\_) \_\_\_\_\_ **State Facility Lic. No.:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Capacity: \_\_\_\_\_ Hours: \_\_\_\_\_ Part-Time/Drop In Care: \_\_\_\_\_ Weekend Care? \_\_\_\_\_

Vacancies: \_\_\_\_\_ Ages Preferred: \_\_\_\_\_ Do You Take Infants: \_\_\_\_\_ Preschool Program: \_\_\_\_\_

Before/After School Care: \_\_\_\_\_ Transportation: \_\_\_\_\_ CDR/Subsidized Payment: \_\_\_\_\_

Bilingual Language: \_\_\_\_\_ Nearest Area Schools: \_\_\_\_\_

Additional Info: \_\_\_\_\_ Birthday Month: \_\_\_\_\_

**SUGGESTED MEETING TOPICS / SPEAKERS:** \_\_\_\_\_

Would you like to be listed as a member on our WEBSITE for **DIRECT PARENT CONTACT?**

Yes, please include my FIRST NAME/LAST INITIAL, PHONE, EMAIL & WEBSITE ADDRESS as above.

NO, I DO NOT WISH TO BE LISTED ON THE VCCCA WEBSITE

*As a Member of the Ventura County Child Care Association*

### **A VALID E-MAIL ADDRESS IS REQUIRED**

- *I understand that newsletters and other communication will be submitted by e-mail only. All time-sensitive bulletins will be sent via special email-blasts.*
- *I understand that General Meetings will be held the third (3<sup>rd</sup>) Tuesday of Jan. April, July, and Oct.*
- *I understand that it is my responsibility to keep my VCCCA Website Listing information current and accurate so that parents will be able to contact me via e-mail directly.*
- *I agree to be responsive to all childcare inquiries/referrals, either by e-mail or phone, in a timely manner and always refer back to VCCCA members if I am unable to accommodate a child care request. Support Our Members!*

→ **NEW MEMBERS: Please attach a copy of State Facility License**

Print and Mail completed form along with your check payable to VCCCA:

VCCCA c/o Treasurer  
5235 Mission Oaks Blvd. Ste. 343  
Camarillo, Ca. 93012

**VISIT and USE OUR WEBSITE AT:** [www.VenturaCountyChildCare.com](http://www.VenturaCountyChildCare.com)